

**BALL STATE UNIVERSITY
CUSTODIAL FUND AGREEMENT
(To be used for Academic Year or Calendar Year Revolving Funds)**

Printed Custodian Name:

--

Revolving Fund Audit:

Amount of Revolving Fund:	
Cash on hand:	
Receipts on hand:	
Over/Short:	

General Information:

Department:	
Custodian Home Address:	
Custodian Home Phone:	
Custodian e-mail:	
FOAPAL for expenses:	
FOAPAL for issuance:	
Revolving Fund Vendor ID#:	

Fund Information:

Purpose of Custodial Fund:	
Secure location where funds are kept:	
Anticipated End Date:	

If funds are kept in bank account, please provide that information:

Bank Name:	
Account Number:	

As Custodian of this fund, I understand and agree that I am responsible for the safeguarding of the fund and I hereby accept responsibility for the protection and proper use of the fund. I understand that I will be held personally liable for fund losses, except loss by theft that is promptly reported and does not involve my negligence or misconduct. I further understand and agree that: (i) all legal restrictions which apply to other University disbursements apply to this fund; and (ii) the fund shall be used only for approved University purchases. I will submit written justification for the continued need for these funds on an annual basis to the Director of Accounts Payable in the Ball State Office of Accounts Payable.

To terminate my custodianship of this fund, I agree to contact the Director of Accounts Payable and inform him/her of my desire to terminate such custodianship. In no event will I transfer or assign these funds without prior written approval of the Director of Accounts Payable.

Custodian Approval: _____ Date: _____

Dept. Head Approval: _____ Date: _____

Director of A/P Approval: _____ Date: _____

This section for Ball State University, Office of Accounts Payable, use only.

Doc#: _____ Doc Date: _____